

## Certificate of Transmission

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office Technology Center 3700 Before Final Fax No. 703-872-9302.

October 20, 2004  
Date

*Miyabi Grace*  
Miyabi Grace

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. 10/081,465

Group Art Unit: 3724

Applicant(s): Edward Robert Perry

Examiner: Prone, Jason D

Filing Date: February 22, 2002

Docket No. 58091-011500

Title: SINGULATION BLADE

Customer No. 33717

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

RECEIVED  
CENTRAL FAX CENTER

OCT 20 2004

## TRANSMITTAL OF POWER OF ATTORNEY

Dear Sir or Madam:

Enclosed please find the Revocation of Power of Attorney With New Power of Attorney and Change of Correspondence Address signed by the Applicant for the above-referenced application.

No assignment is filed or recorded for this application.

No fee is believed due. However, if the Applicant is mistaken, the Commissioner is hereby authorized to charge any required fee in connection with the submission of this paper, any additional fees which may be required, now or in the future, or credit any overpayment to Account No. 50-2638. Please ensure that the Attorney Docket Number is referred to when charging any payments or credits for this case.

Respectfully submitted,

GREENBERG TRAURIG, LLP

Date October 20, 2004By 

Charles Berman  
Registration No. 29,249

Greenberg Traurig, LLP  
2450 Colorado Avenue, Suite 400  
Santa Monica, California 90404  
Telephone: 310-586-7700  
Facsimile: 310-586-7800

LA-FS1\304987v01\58091.011500

PTO/SB/82 (09-04)  
Approved for use through 11/30/2005. OMB 0651-0035  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/081,465
Filing Date	February 22, 2002
First Named Inventor	Edward Robert Perry
Art Unit	3724
Examiner Name	Jason D Prone
Attorney Docket Number	58091-011500

I hereby revoke all previous powers of attorney given in the above-identified application.

RECEIVED  
CENTRAL FAX CENTER

☒ A Power of Attorney is submitted herewith.

OCT 20 2004

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

33717

OR

☐ Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Edward Robert Perry

Date

October 20, 2004

Telephone

928 282-2236

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9189 and select option 2.